SENDER: COMPLETE THIS SECTION DOCUM	COMPLETE THIS SECTION ON DELIVERY Page 1
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature  X
Robert Birmingham Regions Bank 8 Commerce Street Montgomery, AL 36104	If YES, enter delivery address below:
	3 Service Type S Certified Mail Registered Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7006 27	60 0002 4407 2155

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540